

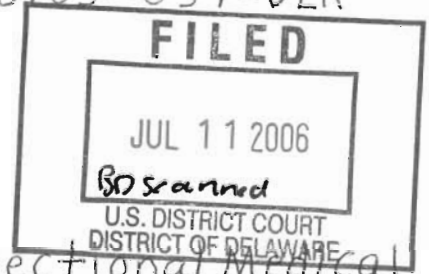
In the United States District Court of Delaware

Harry Samuel
Plaintiff

v.

Thomas Carroll, et. al
First Correctional Medical
and Correctional Medical
Service, Inc..

C.A. NO. 05-037-SLR



Plaintiff respond to defendant First Correctional Medical
answer to Plaintiff Complaint and Amended Complaint
D.I. 74.

Statement of Claim: Cruel and unusual Punishment under
the 8th amendment violation for denial and or lengthy Delay
in Plaintiff Samuel, Dental Treatment with Deliberate
Indifference. (Inadequate Dental Care) Regarding Defendant
Thomas Carroll and First Correctional Medical (FCM).

1. The defendant Caused the Plaintiff to suffer for a 8-9 to 10
month Denial and or Delay in Dental Treatment which caused
gingivitis around the tooth which eat some of the tooth/bone
structure. FCM contributed to Plaintiff injuries, Pain and
Suffering to Plaintiff Wrist, hand and Shoulder by Treating
Plaintiff in Dental Chair with Plaintiff hands, handcuffed
behind Plaintiff back during Treatment.
2. FCM breached a dental and or medical standard of care.
The Plaintiff Suffered for 10 to 12 months. [total for
Dental Treatment] Which is unacceptable conduct under
an standard of treatment and violated Plaintiff 8th
amendment rights
3. The Plaintiff, needed Plaintiff decayed tooth Filled. The
Defendant was aware of Plaintiff Dental Problem and risk.
Because Plaintiff submitted Sick Call slips, talk to Dentist,
submitted Medical Grievance and an appeal (which was
granted). FCM disregarded Plaintiff serious medical need
and risk of Pain for 10 months for non-medical reasons which
violated Plaintiff 8th amendment rights to adequate Dental
Care.

4. The Plaintiff in Plaintiff Original Complaint D.I. 2 Claim Cruel and unusual Punishment, Denial of Dental Treatment, and Pain and Suffering.
5. Plaintiff Claim Denial of Dental Treatment in Plaintiff 42 U.S.C. §1983 Claim D.I. 2 as FCM was the Dental Provider at this relevant time frame.
6. Plaintiff Claim Denial of Dental Treatment which is a 8th amendment Claim for a Prisoner. Plaintiff Amended Complaint, Claim against FCM D.I. 34 Claim FCM Denied Plaintiff Dental Treatment for the first 10 months of a year, which violated Plaintiff 8th amendment rights. FCM can be held responsible under a theory of respondeat superior. Private entity that contract with county to provide jail inmates with medical services was functionally equivalent to municipality for purposes of inmate §1983 suit alleging inadequate medical care, thus claim required showing that entity was responsible for unconstitutional municipal custom or policy that was moving force behind inadequate care. U.S.C.A. Const. Amend. 8; 42 U.S.C.A. §1983. Respondeat superior liability private employers are not liable under §1983 for the constitutional torts of their employees unless the plaintiff proves the action pursuant to an official policy of some nature caused a constitutional tort 42 U.S.C.A. §1983.
7. The Complaint and Amended Complaint state a claim against FCM which Plaintiff may recover. Plaintiff submitted evidence to support Plaintiff Complaint that FCM was deliberately indifferent to Plaintiff serious medical condition.
8. Plaintiff has properly claim a Denial of Dental Treatment against FCM.
9. Federal actions and proceedings do not require application of Delaware's medical malpractice statute in Prisoner's suit alleging inadequate medical treatment U.S.C.A. Const. Amend. 8; 18 Del. C. §6853. Miller v. Correctional Medical Systems, Inc., 1992, 802 F. Supp. 1126

10. FCM did not Provide Plaintiff with medical/dental care that was appropriate for Plaintiff Conditions which was an unacceptable conduct under an standard of treatment. After a 10 month Denial/Delay FCM did not treat the Plaintiff Condition at all.
11. Plaintiff has Submitted evidence in support of Plaintiff 8th amendment claim. Plaintiff Submitted Medical Grievance Report which state an 8-9 month wait for tooth repair is unacceptable.
12. Plaintiff has exhausted his administrative remedies by submitting Sick calls, talking to Dentist, filing medical Grievance, and Appealed. Exhibit - 22 medical Grievance Report.
13. Plaintiff Complaint has Properly stated a Claim for damages Upon which Plaintiff may recover.
Citing: Mitchell Wall v. Mark DION NO. CIV. 02-189-P-C. (cite as: 257 F. SUPP. 2d 316)
David W. Williamson v. Sharese Brewington - Carr, NO. 97-710 - SLR. (Cite as: 173 F. SUPP. 2d 235)
Peter GOODNOW v. Kenneth PALM, Emsa Correctional Care, Inc. NO. 2: 99-CV-132. (Cite as: 264 F. SUPP. 2d 125)

Therefore, Plaintiff ask the U.S. District Court to grant Plaintiff Complaint against Defendant First Correctional Medical.

Date: 7-6-2006

Respectfully Submitted
Very Truly yours
Harry L. Samuel
Pro Se

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER

This request is for (circle one): **MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel
 Name (Print)

21 B 9 L

Housing Location

8-17-62
 Date of Birth

00201360
 SBI Number

9-3-04
 Date Submitted

Complaint (What type of problem are you having)? my tooth is Chipped or the
filling came out. If its not filled soon I will loose my tooth
I have pain and cant sleep

Harry Samuel
 Inmate Signature

9-3-04

Date

The below area is for medical use only. Please do not write any further.

S:

See 10/11/04 but not treatment

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel
 Name (Print)

MHU/Max 21 B 9 L
 Housing Location

8-17-62
 Date of Birth

00201360
 SBI Number

10-2-04
 Date Submitted

Complaint (What type of problem are you having)? my filling came out and I
have a large whole in my back tooth. I need to see dentist
to get my tooth filled.

This is my third attempt. its been a month now.

Harry Samuel
 Inmate Signature

10-2-04
 Date

The below area is for medical use only. Please do not write any further.

S:

RECEIVED OCT 0 5 2004

Seen 10/7/04 PRW

But no treatment

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER**

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

Harry Samuel
Name (Print)

8-17-62
Date of Birth

00201360
SBI Number

19C34 21D46
Housing Location
6-9-05
Date Submitted

Complaint (What type of problem are you having)? my tooth filling came
out 9 months ago and my tooth need to be filled and
my teeth need to be even up with Braces.
This is my 6th attempt to get treatment and its over
9 months and no treatment yet.

Harry Samuel
Inmate Signature

Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

3/1/99 DE01

FORM#:

MED

263

Exhibit - 27 (27)
Exhibit - 27 (27)

FORM #584

Medical GRIEVANCE FORM

FACILITY: D.C.C. DATE: Oct. 7 2004
 GRIEVANT'S NAME: Harry Samuel SBI#: 00201360
 CASE#: _____ TIME OF INCIDENT: Sept 5, 2004
 HOUSING UNIT: 21 B 9 L

BRIEFLY STATE THE REASON FOR THIS GRIEVANCE. GIVE DATES AND NAMES OF OTHERS INVOLVED IN THE INCIDENT OR ANY WITNESSES.

I requested to get treatment from the dentist by putting a Sick Call Slip (form) in the Sick Call box on Sept. 7, 2004. Sgt. Sullivan gave me the Sick Call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is my filling is out and I got a big hole in my tooth if not treated I will lose my tooth. Also the warden gave me a letter to have braces to fix my front teeth. It's been years the dentist didn't call me. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month since my request (Sick call was put in). The dentist assistant seen me after a month but no treatment now it's been another month and no treatment.

ACTION REQUESTED BY GRIEVANT: to have my tooth filled by the dentist soon before I lose my tooth and to have my front teeth Braced like the warden said he notified the dentist Supervisor to take action.

GRIEVANT'S SIGNATURE: Harry Samuel DATE: Oct. 7, 2004

WAS AN INFORMAL RESOLUTION ACCEPTED? _____ (YES) _____ (NO)

(COMPLETE ONLY IF RESOLVED PRIOR TO HEARING)

GRIEVANT'S SIGNATURE: _____ DATE: _____

IF UNRESOLVED, YOU ARE ENTITLED TO A HEARING BY THE RESIDENT GRIEVANCE COMMITTEE.

cc: INSTITUTION FILE
 GRIEVANT

April '97 REV

Exhibit - 27

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

GRIEVANCE REPORT**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Resol. Date : 06/22/2005
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

OFFENDER GRIEVANCE DETAILS

Description of Complaint: I requested to get treatment from the dentist by putting a sick call slip in the sick call box on 9/7/04. Sgt. Sullivan gave me sick call form after I reported my dental problem to him. I put in two other sick calls for this matter and my problem is filling is out and I got a big hole in my tooth if not treated I will lose my tooth. 2. Also warden forward a letter to have braces to fix my front teeth. It's been years the dentist didn't call yet. The reason I am submitting this grievance is because it has been a month and I haven't seen the dentist in a month since my request. The dentist assistant seen me after a month but no treatment now it been another month and no treatment.

Remedy Requested : To have my tooth fill in by the dentist soon before I loose my tooth and have to have my front teeth braced like warden said he notified the dentist supervisor to take action.

INDIVIDUALS INVOLVED

Type	SBI #	Name
------	-------	------

ADDITIONAL GRIEVANCE INFORMATION

Medical Grievance : YES	Date Received by Medical Unit : 10/22/2004
Investigation Sent : 10/22/2004	Investigation Sent To : Wolken, Gina
Grievance Amount :	

Exhibit 22

Smyrna Landing Road

SMYRNA DE, 19977

Phone No. 302-653-9261

INFORMAL RESOLUTION**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status: Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location :Bldg 21, Upper, Tier D, Cell 6, Bottom	

INFORMAL RESOLUTION

Investigator Name : Wolken, Gina

Date of Report 10/22/2004

Investigation Report : Patient does not want to sign off until he gets the treatment. Warned him filling take 8-9 months.

Reason for Referring:

Offender's Signature: _____

Date : _____

Witness (Officer) : _____

GRIEVANCE INFORMATION - IGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

IGC

Medical Provider:

Date Assigned

Comments:

☒ Forward to MGC☐ Warden Notified☐ Forward to RGC

Date Forwarded to RGC/MGC : 12/03/2004

☐ Offender Signature Captured

Date Offender Signed :

GRIEVANCE INFORMATION - Appeal

OFFENDER GRIEVANCE INFORMATION

Offender Name :	SAMUEL, HARRY L	SBI# :	00201360	Institution :	DCC
Grievance # :	7953	Grievance Date :	10/07/2004	Category :	Individual
Status :	Resolved	Resolution Status :	Level 3	Inmate Status :	
Grievance Type:	Health Issue (Medical)	Incident Date :	09/05/2004	Incident Time :	
IGC :	Merson, Lise M	Housing Location :	Bldg 21, Upper, Tier D, Cell 6, Bottom		

APPEAL REQUEST

No appeal returned

REMEDY REQUEST

Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - BGO**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

REFERRED TO

Due Date : Referred to: Name:

Type of Information Requested :

DECISION

Date Received : 02/22/2005

Decision Date : 03/17/2005

Vote : Uphold

Comments :

I recommend that FCM resolve the dental services availability problem; inordinate delays lead to more serious and expanding medical related issues, as well as higher costs. An 8-to9 month wait for tooth repair is unacceptable.

SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - Bureau Chief

OFFENDER GRIEVANCE INFORMATION

Offender Name : SAMUEL, HARRY L	SBI# : 00201360	Institution : DCC
Grievance # : 7953	Grievance Date : 10/07/2004	Category : Individual
Status : Resolved	Resolution Status : Level 3	Inmate Status :
Grievance Type: Health Issue (Medical)	Incident Date : 09/05/2004	Incident Time :
IGC : Merson, Lise M	Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom	

DECISION

Decision Date: 06/20/2005 Vote : Uphold

Comments :

I concur with the recommendation of the BGO.

DCC Delaware Correctional
Smyrna Landing Road
SMYRNA DE, 19977
Phone No. 302-653-9261

GRIEVANCE INFORMATION - MGC**OFFENDER GRIEVANCE INFORMATION**

Offender Name : SAMUEL, HARRY L SBI# : 00201360 Institution : DCC
Grievance # : 7953 Grievance Date : 10/07/2004 Category : Individual
Status : Resolved Resolution Status: Level 3 Inmate Status :
Grievance Type: Health Issue (Medical) Incident Date : 09/05/2004 Incident Time :
IGC : Merson, Lise M Housing Location : Bldg 21, Upper, Tier D, Cell 6, Bottom

MGC

Date Received : 12/03/2004

Date of Recommendation: 02/18/2005

GRIEVANCE COMMITTEE MEMBERS

Person Type	SBI #	Name	Vote
Staff		Munson, Amy	Deny
Staff		Lyons, April	Deny
Staff		Rickards, Suesann	Deny
Staff		Merson, Lise M	Abstain

VOTE COUNT

Uphold : 0

Deny : 3

Abstain : 1

TIE BREAKER

Person Type	SBI #	Name	Vote
-------------	-------	------	------

RECOMMENDATION

Hearing held 2/15/05

You were seen by the dentist and are on the waiting list for a filling.

Appeal form provided.

DEPARTMENT OF CORRECTION
Bureau of Prisons
245 McKee Road
Dover, Delaware 19904

June 20, 2005

Inmate SAMUEL HARRY L
SBI # 00201360
DCC Delaware Correctional Center
SMYRNA DE, 19977

21 DU-6

Dear HARRY SAMUEL:

We have reviewed your Grievance Case # 7953 dated 10/07/2004.

Based upon the documentation presented for our review, we uphold your appeal request.

Accordingly, there is no further issue to mediate nor Outside Review necessary as provided by BOP Procedure 4.4 entitled "Inmate Grievance Procedure", Level III appeals.

Sincerely,

Paul W. Howard
Bureau Chief

Exhibit 21

IN THE UNITED STATES DISTRICT COURT
for the District of Delaware

Harry Samuel

Plaintiff,

Civ. No. 05-037-SLR

v.

Thomas Carroll

etal.

RE: Dental Services

To Judge Sue L. Robinson.

On 9-7-2005, The Dentist filled my tooth.

The Dentist said plaque developed around the tooth,
and eat some of the bone away that hold the tooth.

I was next schedual for treatment to clean my tooth
(teeth). I explained to the Dentist that the warden had
forwarded a letter to the Dentist to take action on getting
my teeth (tooth) straight. (see two letters from Thomas
the warden dated November 20, 2001 and ~~November~~ October
26, 2001). I bit my lip and it is hard to talk the way my
tooth grow back. I was Charged \$4.00 dollars for the
filling see Delaware Department of Correction Health
Care Services Fee Sheet. I don't think I should have
to pay because the Tax payers already payed for me
to have Dental, Medical, etc. to be housed in prison.

Inmate:

Harry L. Samuel

SBI #201360

Delaware Correctional Center

Delaware Department of Correction
Health Care Services Fee Sheet

Inmate Name Harry Samuel SBI # 00201360
(Last, First MI)

Facility DCC- Date 9-7-2005

<input checked="" type="checkbox"/>	Chargeable Visit	\$4.00
<input type="checkbox"/>	Non Chargeable Visit	-0-
<input type="checkbox"/>	Medication Handling Fee (\$2.00 X <u> </u>)	\$ <u> </u>

Total Amount Charged To Inmate Account \$4.00

Health Care Staff Signature: _____

I CERTIFY BY MY SIGNATURE THAT I HAVE RECEIVED THE SERVICES DESCRIBED ABOVE.

Inmate Signature: Harry Samuel Date: _____

1) *Witness Signature: _____ Date: _____

2) *Witness Signature: _____ Date: _____

The fee for services rendered will be deducted from your inmate account even if the amount deducted generates a negative balance. Any funds received by you will first be applied to any negative balance. Any negative balance remaining on your account when you are released will remain active for three (3) years after the date of release. Should you return to Delaware Department of Correction as an inmate within that three (3) year period, the negative balance will be applied to your inmate account on your new commitment.

Distribution:

Original: Facility Business Office Posted/Entered by: _____ Date: _____
Copy: Inmate Medical Record (yellow)
Inmate (pink)

*Only needed if inmate refuses or is unable to sign.

FORM #: 621

3 part NCR

Dintist Kathy
Filled tooth. July 1, 2005
beginning of September
2005. (CMS)

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	DISCIPLINE	NOTES SHOULD BE SIGNED WITH NAME AND TITLE
1/4/05	1200	MH	<p>⑤ Mr. Harry Samuel was seen by mental health per his request. He reported that he has been housed in the MHU/SHU for 4 years due to write ups.</p> <p>⑥ He presented with soft speech and good eye contact. He was A, OX3 and displayed appropriate mood & affect. No SI/H ideas and no V/A hallucinations during the interview.</p> <p>⑦ stable at this time but appeared to be in need of counseling from a correctional counselor concerning classification issues.</p> <p>⑧ Inmate will contact his correctional counselor. Inmate will contact mental health as needed.</p> <p style="text-align: right;">Thane Barman, MS</p>
			D00011
NAME-Last	First	Middle	Attending Physician
Samuel	Harry		
			Record No.
			201360
			Room/Bed

<u>Harry Samuel</u>		<u>23,C,1,U</u>
Name (Print)		Housing Location
<u>8-17-62</u>	<u>201360</u>	<u>9- - 05-</u>
Date of Birth	SBI Number	Date Submitted

Complaint (What type of problem are you having)? on about 9-7-04 I was put in Max at which time 9-7-04 I requested Dental Care. on 11-2-04 I was handcuffed behind my back during Dental Treatment with TK Kionke the handcuffs and being handcuffed behind my back gave me injuries and pain to my hand, wrist, and shoulder I need to see Doctor it got worst.

Harry L. Samuell
Inmate Signature

Date _____

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

PHYSICIAN'S ORDER SHEET

START

7 PM 04 OF R HAND
AD OLD to 5th Floor

Attd: R. Pajrowski LPN
12/30/02 1430

PROVIDER'S SIGNATURE

DATE/TIME

START NEW ORDERS BELOW

START

CXR - (+) PPD Annual

Noted
OK
Anulys
12/30/02
1530

PROVIDER'S SIGNATURE

DATE/TIME

START NEW ORDERS BELOW

START

Nurse Protocol 10/5/05

- Meprin 600mg, 20 BID x 1 BOX
as needed for pain to
(B) Shoulder + (B) wrist

Return to sick call if pain
- continues

PROVIDER'S SIGNATURE

DATE/TIME

NAME
ALLERGIES

JANIEL, HANLEY

ID

201367

DOB

000004

PHYSICIAN'S ORDERS

In the United States District Court
District of Delaware

Harry Samuel
Plaintiff

v.

Civ. No. 05-037-SLR

Thomas Carroll (Warden)
and et al
Dental Service

RE: Being handcuffed during Dental
Treatment and Pain and Suffering

Plaintiff Samuel Submit that after waiting a while
to see if the Pain and Injuries I got from being
handcuffed behind my back during dental Treatment
would go away the Pain and injuries I suffered
in my hand, wrist and Shoulder did not go away.

Therefore I Put in a Sick call to see the Doctor
about my Pain and my injuries to my hand, wrist and Shoulder
(See exhibit - 26 Medical/Dental Sick Call).

On 10-5-2005 the nurse Call to see me about my Sick
Call slip I put in (exhibit - 26) BY taking me to the nurse/
Doctor office and examin me. I explained to nurse
Danve that I have pain in my hand, wrist and Shoulder
and injuries to my wrist and shoulder. I explained to
the nurse that it feels like something is broke in
Shoulder and the pain and injuries is where I can't
exercise because when I Put Pressure from exercising
the pain gets worst. The ^{nurse} then instructed me stop
exercising, and gave me a Box of Pain Reliever, and
a container (cup) of muscle cream and instructed
to Put a warm towel on my hand, wrist and Shoulder
the nurse said I may have pinched a nerve.

← Pain reliever nurse gave me.

24 Tablets

NDC # 47682-100-64

Médique



Pain Reliever / Fever Reducer
Easy to Swallow-Film Coated Tablets
Compares Active Ingredients to Advil®

Registered Trademark of Wyeth Consumer
Manufactured for: Médique Products, Wood Dale, Illinois 60191 USA
1-800-634-7680

Respectfully Submitted

Harry L. Samuel
Date:

**DELAWARE DEPARTMENT OF CORRECTIONS
REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES
FACILITY: DELAWARE CORRECTIONAL CENTER
This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH**

Harry Samuel MHU 23C, 1, U
Name (Print) Housing Location
8-17-62 201360
Date of Birth SBI Number Date Submitted

Complaint (What type of problem are you having)? I received Injuries to my hand, wrist and shoulder while force to wear handcuffs during dental treatment. I, seen the nurse for my Injuries, and pain in my hand, wrist and shoulder. my pain continues I need to see doctor for my Injuries and pain in my hand, wrist and shoulder

Harry Samuel 6-12-06
Inmate Signature Date

The below area is for medical use only. Please do not write any further.

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature & Title

Date & Time

Certificate of Service

I, Harry Samuel, hereby certify that I have served a true
and correct copy(ies) of the attached: Plaintiff respond to defendant FCM
answer to Plaintiff Complaint, Amended upon the following
Complaint.
parties/person (s): opposing Counsel

TO: Dana Spring Menze
(McCullough & McKenty, PA.)
1225 N. King Street, Suite 1100
P.O. Box 397
Wilmington, DE 19899-0397
(FCM)

TO: Ophelia M. Waters
Deputy Attorney General
State of Delaware
Department of Justice
820 North French Street, 6th Floor
Wilmington, Delaware 19801
(Warden, et al)

TO: Kevin J. Connors
(Marshall, Dennehey, Warner,
Coleman & Goggins)
1220 North Market Street
5th Fl. P.O. Box 8888
Wilmington, DE 19899-8888
(CMS, I)

TO: _____

BY PLACING SAME IN A SEALED ENVELOPE and depositing same in the United States Mail at the Delaware Correctional Center, 1181 Paddock Road, Smyrna, DE 19977.

On this 6th day of July, 2006

Harry Samuel

IM Harry Samuel

SBI# 201360 UNIT 23, B, 2, 4

DELAWARE CORRECTIONAL CENTER

1181 PADDOCK ROAD

SMYRNA, DELAWARE 19977

7

2006

Legal Mail

To. off.
United
844 N. k
Wilmington